

**STATE OF CONNECTICUT**  
**State Innovation Model**  
**Health Information Technology (HIT) Council**  
**Design Group - Measures Performance and Reporting**  
**Workshop #3**  
**Meeting Summary**  
**Thursday, April 23, 2015**  
**9:00-10:00a.m.**

**Location:** By Conference Call

**HIT Council Members Present:** Thomas Agresta; Anne Camp; Anthony Dias; Ed Fisher; Michael Hunt; Matt Katz; Philip Renda

**Other Participants:** Sandra Czunas; Nana Kittiphane; Michelle Moratti; Minakshi Tikoo; Fran Turisco; Thomas Woodruff

**Agenda Items:**

- 1. Public Comment**
- 2. Debrief from Zato Session**
  - a. Technology capabilities that are needed for SIM (short and long term)**
  - b. Solution maturity**
  - c. Challenges – e.g. data, integration, policy**
  - d. Timeframe and effort to implement**
  - e. Follow up questions**
- 3. Discussion of APCD session**
  - a. Technology capabilities that are needed for SIM (short and long term)**
  - b. Solution maturity**
  - c. Challenges – e.g. data, integration, policy**
  - d. Timeframe and effort to implement**
  - e. Follow up questions**
- 4. Local (ACO level) solution discussion**
- 5. Agenda for next meeting**

**Meeting Summary:**

The meeting was called to order at 9:02am.

There was no public comment.

Fran Turisco of The Chartis Group introduced the Quality Council participant, Thomas Woodruff.

Ms. Turisco facilitated a group discussion to debrief the two vendor options for the SIM HIT solution and identify additional questions for the vendors. Participants articulated a number of perspectives including:

**The Zato Solution**

- Zato offers a robust tool set capable of connecting and reading data from any source including EHRs, measures files, and the All Payer Claims Database (APCD).

- Although the Zato solution is implemented with other government agencies, it is not yet a proven healthcare application.
  - There may be other vendor solutions that are further along in healthcare analytics such as Optum, Anthem, or High Line.

### Zato Questions

1. The technology is scalable and robust (based on the references to large government systems) but we need to see how it ties to healthcare, especially for SIM. Will Zato give us a healthcare demonstration of their de-identified EHR-indexed solution? Can we go to the BayState Innovation Center to see Zato working with a Cerner system?
2. Please provide us with more details on how Zato will work with multiple data sources in terms of indexing/pulling of the data.
3. What is stored in the Zato Index? How invasive is indexing for the EMR vendors? What is the impact on the provider resources – short term and long term to support?
4. There is confusion about what data is kept by Zato. At the presentation, you mentioned that data is not stored but later made a statement that Zato has a three terabyte database. Please explain the potential discrepancy. Diagrams, examples, and a physical demonstration would aid in our understanding.
5. What is the tool to store data and to do reporting from that data? How does the data mart or warehouse configure into the system and what tools are required to report from the data mart?
6. What analytics capabilities are available for immediate use with Zato? What tools are available to build on the analytics starter set? What language are they written in? How can additional queries be initiated and what level skill is required to do so? In addition, is the data schema given to us as part of the agreement to allow us to run future queries against the data?
7. At the meeting, it was stated that Zato uses data normalization for matching of data from disparate sources. There was concern that normalization could add inherent distortion into the data. Please address this concern. More specifically – how is the data normalized? What tools or software is used as part of this? How manual a process is that? Who is involved in doing the normalization? How much time might we expect to do this process?
8. Is the data always kept behind the site's fire wall? There are concerns of privacy and patient consent. Please address these concerns. Is the data encrypted at rest and in transport? Is there any PHI stored in the Zato software server? If not how is the matching to patients done?
9. Many states are using the state HIE or a centralized database, what are the advantages of edge servers beyond keeping the data behind the firewall?
10. Have you followed a "proof of concept" methodology? If so, can you describe the major steps and where it has been used?

11. How does your work in intelligence translate into healthcare? In particular, it would seem that provider and vendor expertise is needed to work on the schema and mapping for the indexing. If not, how does the software understand syntactic and other differences in the data?

#### The All Payers Claims Database (APCD)

- The APCD has useful claims data. However, it cannot access Medicaid data.
- The APCD can do partial measures but requires additional coding to get to level two, a potential burden on providers.
- The APCD may be the best option for the January 2016 deadline.

#### APCD Questions

1. What is the timeframe that the APCD would be operational and have data from all of the commercial payers?
2. Medicare data is stored differently. Can the APCD still report on measures for commercial and Medicare?
3. What are the analytics tools and standard reports that are available with the APCD?
4. Given that APCD may not be able to share identified data, how does that impact reporting for SIM?
5. Are there any legislative changes required before APCD data can be used for SIM purposes as currently proposed?
6. What percent of the data is missing and/or not reported for the data elements related to the measures selected for SIM reporting?

#### Local ACO Solution

- ACOs operate differently. Some have one EHR and others have many. Some are moving towards EPIC.

#### Quality Council Questions

1. A staged approach makes the most sense for SIM HIT at this time. When will the measure sets for Phase I be final? It would be optimal if there is someone on the team who understands the data tools being used at both the SIM PMO as well as the practices side.
2. Please provide the minimum acceptable data, processing and reporting for stage 1?
3. Who are we asking to submit the data for year 1? What is the year 1 attributable population?
4. When will the ACOs that are participating in SIM be finalized?
5. Are DURSAs part of the ACO SIM sign-up?

#### General Discussion

- In review of next steps, the January 1<sup>st</sup> 2016 deadline is top priority.
- The HIT Council is not recommending hardware. The Council is interested in functionality, data source interactions, and data processes.
- Any biometrics and ACO measures require more than claims data analysis.
- The Council must have the technology set up for year one and consider what to do for years two and three. The HIT approach is phased.
- It may be difficult for providers to implement the January 1<sup>st</sup> goals. The SIM PMO is working with the Center for Medicare & Medicaid Innovation to identify best implementation strategies currently used by other states.

The meeting was adjourned at 9:47am.